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Fill in this information to identify your c		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your June government-issued picture First Name First Name identification (for example, your driver's license or Middle Name Middle Name passport). Smart Last Name Bring your picture Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you have used in the last 8 First Name First Name years Middle Name Middle Name Include your married or maiden names. Last Name Last Name Only the last 4 digits of $xxx - xx - \underline{5} \underline{4} \underline{0} \underline{5}$ your Social Security number or federal OR **Individual Taxpayer** Identification number (ITIN) Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer **Identification Numbers** Business name Business name (EIN) you have used in the last 8 years Business name Business name

Include trade names and doing business as names

Business name

Business name

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Del	btor 1	June First Name	N. Middle Name	Smart Last Name	Case nu	Imber (if known)		
			About Debte	or 1:	Ab	out Debtor 2 (Spouse Only in a Joint Case):		
					EIN	· - ⁻		
5.	Where	you live	EIN		EIN	Debtor 2 lives at a different address:		
			904 Apple Number Str	Drive eet	Nur	mber Street		
			Schaumbu City Du Page	Irg IL 60194 State ZIP Code	City	State ZIP Code		
			If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.			County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.		
			Number Str	eet	Nur	Number Street		
			P.O. Box			. Box		
			City	State ZIP Code	City	State ZIP Code		
6.		ou are choosing	Check one:		Ch	eck one:		
		district to file for kruptcy	petition	e last 180 days before filing this , I have lived in this district longe any other district.	er 🔲	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
				another reason. Explain. 3 U.S.C. § 1408.)		I have another reason. Explain. (See 28 U.S.C. § 1408.)		
Р	art 2:	Tell the Court	: About Your Ba	inkruptcy Case				
7.	Bankru	apter of the uptcy Code you	•	For a brief description of each, se ((Form 2010)). Also, go to the to		equired by 11 U.S.C. § 342(b) for Individuals Filing and check the appropriate box.		
	are cho under	posing to file		7				
			☐ Chapter	11				
			☐ Chapter	12				
			☐ Chapter	13				

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Deb	otor 1 June	N.	Smart	Case number (if known)				
	First Name	Middle Name	Last Name					
8.	How you will pay the fee	cou pay	ort for more details about how your with cash, cashier's check, or n	e my petition. Please check with us may pay. Typically, if you are paynoney order. If your attorney is sua credit card or check with a pre-paynoney.	aying the fee yourself, you may bmitting your payment on your			
				nts. If you choose this option, sigr n Installments (Official Form 103A	• •			
		By tha fee	I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.					
9.	Have you filed for	☑ No						
	bankruptcy within the last 8 years?	☐ Yes	3.					
		— District		When	Case number			
		Biotriot		MM / DD / YYYY	Case number			
		District		When	Case number			
		District			Case number			
10.	Are any bankruptcy	√ No		MM / DD / YYYY				
	cases pending or being	☐ Yes	•					
	filed by a spouse who is not filing this case with	_		Deletion	ahia ta yay			
	you, or by a business	Debtor		Relations	snip to you			
	partner, or by an affiliate?	District		When MM / DD / YYYY	Case number, ′ if known			
		Debtor		Polation	ship to you			
		Debioi			ship to you			
		District		When MM / DD / YYYY	Case number, ′ if known			
11.	Do you rent your residence?	✓ No.	Has your landlord obtained a residence?No. Go to line 12.	an eviction judgment against you a ement About an Eviction Judgmer				

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Deb	tor 1	June First Name	N. Middle Nar	me	Smart Last Name	Case number	(if known)		
P	art 3:	•			sses You Own as a	Sole Proprietor			
	Are you	u a sole proprietor full- or part-time	<u> </u>	No. (Go to Part 4. Name and location of b	·			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.				Name of business, if any Number Street				
	sole pro	ave more than one oprietorship, use a e sheet and attach it petition.			Health Care Busin Single Asset Rea Stockbroker (as d	box to describe your business ness (as defined in 11 U.S.C. § I Estate (as defined in 11 U.S. defined in 11 U.S.C. § 101(53A er (as defined in 11 U.S.C. § 10	§ 101(27A)) C. § 101(51B))	ZIP Cod	de
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>		can so	<i>et ap</i> recer	propriate deadlines. If you balance sheet, statem	the court must know whether you indicate that you are a smalent of operations, cash-flow stot exist, follow the procedure in	all business det tatement, and fe	otor, you ederal ind	must attach your come tax return
	debtor	debtor?	☑ 1	No.	I am not filing under Cl	napter 11.			
		For a definition of small business debtor, see 11 U.S.C. § 101(51D).		No.	I am filing under Chapt the Bankruptcy Code.	er 11, but I am NOT a small b	usiness debtor	accordin	g to the definition in
				Yes.	I am filing under Chapt Bankruptcy Code.	er 11 and I am a small busine	ss debtor accor	ding to th	ne definition in the
Pa	art 4:	Report If You C	wn or I	Have	e Any Hazardous F	Property or Any Propert	y That Need	ls Imm	ediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable			No Yes.	What is the hazard?				
	safety?	to public health or Or do you own perty that needs ate attention?			If immediate attention	is needed, why is it needed?			
	perisha livestoc	mple, do you own ble goods, or k that must be fed, or ng that needs urgent			Where is the property?	Number Street			
						City		State	ZIP Code

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Debtor 1 June N. Smart Case number (if known) ______

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1:

You must check one:

 Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. ✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing	abou
credit counseling because of:	

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about
credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	otor 1	June First Name	N. Middle N	Smart lame Last Name		Case number (if	know	n)
P	art 6:	Answer These	Quest	ions for Reporting Pu	rpos	ses		
16.	What k have?	ind of debts do you	16a			sumer debts? Consumer de rimarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."
			16b			iness debts? Business debt tment or through the operation		debts that you incurred to obtain e business or investment.
			16c.	. State the type of debts you	u ow	e that are not consumer or bus	siness	s debts.
17.	Are you	u filing under er 7?		No. I am not filing under	Chap	oter 7. Go to line 18.		
	any exc exclude admini are pai availab	strative expenses d that funds will be le for distribution	V	· ·		•	-	xempt property is excluded and to distribute to unsecured creditors?
18.	How m	ecured creditors? any creditors do timate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.		uch do you te your assets to th?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.		uch do you te your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

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Debtor 1	June First Name	N. Middle Name	Smart Last Name	Case number (if known)			
Part 7:	Sign Below						
For you		I have exami and correct.	ned this petition, and I o	leclare under penalty of perjury that the information provided is true			
			11, United States Code.	r 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, I understand the relief available under each chapter, and I choose to			
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
		I request relie	ef in accordance with the	e chapter of title 11, United States Code, specified in this petition.			
		connection w	•	nt, concealing property, or obtaining money or property by fraud in an result in fines up to \$250,000, or imprisonment for up to 20 years, 19, and 3571.			
		X <u>/s/ June</u> June N. S	N. Smart	X Signature of Debtor 2			
		Executed	on <u>06/22/2016</u> MM / DD / YYYY	Executed on			

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Debtor 1	June	N.	Smart	Case number (if know	n)			
	First Name	Middle Name	Last Name		, <u> </u>			
For your attorney, if you are represented by one if you are not represented by an attorney, you do not need to file this page.		I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained t relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petitic is incorrect.						
			les Wm. Dobra e of Attorney for Debtor	Date	06/22/2016 MM / DD / YYYY			
		Charles	Wm. Dobra					
		Printed na						
		Charles Firm Nam	Wm. Dobra, Esq					
			Wm. Dobra, Ltd.					
		Number	Street					
		Suite 10	0					
		675 E. Ir	ving Park Rd. #100					
		Roselle		IL	60172			
		City		State	ZIP Code			
		Contact p	phone (630) 893-2494	Email address Justic	ce@DobraLawFirm.com			
		0064703	39	IL				
		Bar numb	per	State	_			

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Fill in this information to identify	Cycly coop and this filing.		
Fill in this information to identify Debtor 1 June N	_		
First Name Mi	ddle Name Last Name		
Debtor 2 (Spouse, if filing) First Name Mi	ddle Name Last Name		
United States Bankruptcy Court for the: N	ORTHERN DISTRICT OF ILLINOIS		
Case number (if known)		—	if this is an ded filing
Official Form 106A/B			
Schedule A/B: Property			12/15
Part 1: Describe Each Reside	itional pages, write your name and case nunnee, Building, Land, or Other Real E itable interest in any residence, building, lar	state You Own or Have	e an Interest In
904 Apple Drive, Schaumburg, IL. (Check all that apply.	amount of any secured cla Creditors Who Have Claim	ims on Schedule D:
Single family home located at 904 Apple Drive,	 ☐ Single-ramily nome ☐ Duplex or multi-unit building ☐ Condominium or cooperative 	Current value of the entire property?	Current value of the portion you own?
	Manufactured or mobile home	\$240,000.00	\$240,000.00
DuPage County	☐ Land ☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.	
	Who has an interest in the property?	100% interest	
	Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is comm (see instructions)	nunity property
	Other information you wish to add abou property identification number:	ut this item, such as local	_
	mber, 1998 for \$181,300.00. Refinance n in September, 2010 for \$247,500.00 to 625542654)		
	ou own for all of your entries from Part 1, inc for Part 1. Write that number here		\$240,000.00

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Debtor 1	June First Name	N. Middle Name	Smart Last Name	Case r	number (if known)	
Part 2:		Your Vehicles				
-			e interest in any vehicles, who e a vehicle, also report it on Scl	-	-	•
	, vans, trucks, tr	actors, sport utility	vehicles, motorcycles			
☑ Y	'es					
3.1. Make: Model:		back	Who has an interest in the p Check one. Debtor 1 only	ar	o not deduct secured cla mount of any secured cla reditors Who Have Clain	
Year:	200		Debtor 2 only Debtor 1 and Debtor 2 on		urrent value of the ntire property?	Current value of the portion you own?
Approxima Other info	ate mileage:		At least one of the debtor	rs and another _	\$6,848.00	\$6,848.00
2008 Sub (VIN:4S4 through	paru Outback BP62C9873019 Allstate; policy 19) 80,428 mile		Check if this is commune (see instructions)	nity property		
Exan	nples: Boats, trail lo		s and other recreational vehic al watercraft, fishing vessels, s			
_	es	of the pertian year	own for all of your ontring fro	m Bort 2 includi	na any	
			own for all of your entries from Part 2. Write that number he			\$6,848.00
Part 3:	Describe	Your Personal	and Household Items			
Do you ov	vn or have any l	egal or equitable in	nterest in any of the following	items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Exan	_	_	ens, china, kitchenware			
	lo ′es. Describe	Misc. househol	d goods, used appliances,	tv, dvd, etc.		\$500.00
	•		video, stereo, and digital equip evices including cell phones, ca		•	
	lo 'es. Describe	Ordinary Televs	sions, radios, etc., value in	cluded in Par. 7	7.	\$0.00
		•	gs, prints, or other artwork; boo		•	
	lo 'es. Describe	Antique prints,	vases and books			\$300.00
		otographic, exercise	e, and other hobby equipment; b tools; musical instruments	oicycles, pool table	es, golf clubs, skis;	
	lo 'es. Describe	Misc. old sporti	ng goods including bicycle	es, an older pia	no and a flute.	\$500.00

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Deb	tor 1	June	N.	Smart	Case number (if known)	
	i	First Name	Middle Nar	ne Last Name		
10.	Firearms Example		s, shotguns, am	munition, and related equipment		
	✓ No	Describe	-			
	_	Describe				
11.	Clothes Example	s: Everyday clo	othes, furs, leatl	ner coats, designer wear, shoes, ac	ccessories	
	☐ No ✓ Yes.	Describe (One ordinary	lot of clothing suitable for ad	ult person.	\$350.00
12.	Jewelry Example	s: Everyday jev gold, silver	velry, costume j	ewelry, engagement rings, wedding	g rings, heirloom jewelry, watches, gems,	
	□ No ✓ Yes.	-	wedding rin	g; 1 engagement ring, 6 watc	hes	\$250.00
13.		n animals s: Dogs, cats, b	nirds horses			
	☑ No	Describe	, noroco			
14.	Any other	er personal and	d household ite	ems you did not already list, incl	uding any health aids you	
	did not I	ist				
		Give specific mation		mostly paperback book/nove	els; 7 pictures (prints) and	\$75.00
			recorded mu			
15.				ries from Part 3, including any ei r here	_	\$1,975.00
Pa	art 4:	Describe Y	our Financi	al Assets		
Do y	ou own	or have any leg	gal or equitable	interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	s: Money you h	ave in your wal	let, in your home, in a safe deposit	box, and on hand when you file your	
	✓ No				Cash:	
	_					
17.						
	□ No ✓ Yes.		lı	nstitution name:		
	17.	I. Checking a	account:	Checking account (BMO Harri	s Bank	\$400.00
	17.2	2. Savings ac	count:	Savings account BMO Harris	Bank	\$1,800.00
18.		nutual funds, os: Bond funds,		ed stocks counts with brokerage firms, money	market accounts	
	✓ No					

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Deb	tor 1	June First Name	N. Middle Name	Smart Last Name	Case number (if known)	
19.			ck and interests in in artnership, and joint v	•	orporated businesses, including	
	 	No Yes. Give specific nformation about hem	. Name of entity:		% of ownership:	
20.	Nego	otiable instruments ir	rate bonds and other nclude personal checks	•	·	
		No Yes. Give specific nformation about hem	. Issuer name:			
21.		rement or pension a nples: Interests in IF profit-sharing	RA, ERISA, Keogh, 401	(k), 403(b), thrift saving	gs accounts, or other pension or	
	<u> </u>	No Yes. List each account separately.	Type of account:	Institution name:		
			401(k) or similar plar	: Fidelity Investme	nts (Retirement Savings)	\$67,406.21
ZZ.	Your Exam comp		deposits you have ma		tinue service or use from a company ctric, gas, water), telecommunications	
	ب	/es	І	nstitution name or indiv	idual:	
23.		uities (A contract fo	or a specific periodic pa	lyment of money to you	, either for life or for a number of years)	
	1	/es	Issuer name and de	escription:		
			American Equity	(Annuity Contact N	lo: 825221)	\$52,035.24
24.	26 U	.S.C. §§ 530(b)(1), 5	on IRA, in an account 529A(b), and 529(b)(1).	in a qualified ABLE pro	ogram, or under a qualified state tuition program.	
	بنا	√o ∕es	Institution name an	d description. Separate	ely file the records of any interests. 11 U.S.C. § 521(c)	
25.		ts, equitable or futu ers exercisable for		rty (other than anythin	g listed in line 1), and rights or	
	/	No Yes. Give specific nformation about the	em			
26.			•	ts, and other intellecturoceeds from royalties a	ual property; and licensing agreements	
	_	No Yes. Give specific nformation about the	em			
27.	Exam	nples: Building perm	nd other general intar nits, exclusive licenses	•	on holdings, liquor licenses, professional licenses	
	<u> </u>	No Yes. Give specific nformation about the	em			

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Deb	tor 1	June	N.	Smart	Case number (if known)		
Mor	ey or p	First Name property owed to		e Name Last Name			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax re	funds owed to y	ou				
	□ No ✓ Ye		information	Federal: 2015 Federal Tax refund	. Amt: \$5,847.00	Federa	sl:\$ 5,847.00
		out them, includir u already filed the	-	State: 2015 State Tax Refund. Ar	nt: \$615.00	State:	\$615.00
		d the tax years			пс. фото.оо	Local:	\$0.00
29.	Examp		lump sum a	alimony, spousal support, child support, n	naintenance, divorce settlement,	proper	ry settlement
	✓ No	es. Give specific i	information		Alimony:		\$0.00
					Maintenand	ce:	\$0.00
					Support:		\$0.00
					Divorce se	ttlemen	:: \$0.00
					Property se	ettlemer	nt: \$0.00
31.	Example No.		bility, or life urance blicy	e insurance; health savings account (HSA); credit, homeowner's, or renter' Beneficiary:		ance urrender or refund value:
	<u></u>		D tl v	Debtor has term life insruance polic nrough her employer. No cash-in alue. Beneficiaries are her two ons.	•		\$0.00
32.	If you a entitled	are the beneficiar d to receive prope	y of a living erty because	ue you from someone who has died I trust, expect proceeds from a life insural e someone has died	nce policy, or are currently		
33.	Examp	oles: Accidents, e		ther or not you have filed a lawsuit or a disputes, insurance claims, or rights to s			
	✓ No	o es. Describe each	n claim				
34.	rights	to set off claims	-	d claims of every nature, including cou	interclaims of the debtor and		
	☐ Ye	o es. Describe each	n claim				
35.	Any fi	nancial assets ye	ou did not	already list			
	✓ No	o es. Give specific i	information				

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Deb		June First Name	N. Middle Name	Smart Last Name	Case number (if kno	wn)	
36.			-		ny entries for pages you have	→	\$128,103.45
Pa	art 5: [Describe An	y Business-Rela	ated Property You C	own or Have an Interest In.	List any	real estate in Part 1.
37.	□ No.	own or have and Go to Part 6. Go to line 38.	ny legal or equitable	e interest in any busines	ss-related property?		
	_						Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accoun	ts receivable o	r commissions you	already earned			
	✓ No ☐ Yes.	. Describe					
39.		es: Business-re	ishings, and suppli lated computers, sof s, electronic devices	tware, modems, printers,	copiers, fax machines, rugs, teleph	nones,	
	□ No ✓ Yes.	. Describe 2	old desks;negligi	ble value, if any.			Unknown
40.	Machine	ery, fixtures, ed	quipment, supplies	you use in business, an	d tools of your trade		
	✓ No ☐ Yes.	. Describe					
41.	Inventor	ry					
	✓ No ☐ Yes.	. Describe					
42.	Interest	s in partnershi	ps or joint ventures	;			
	✓ No ☐ Yes.	. Describe	Name of entity:		% of ov	vnership:	
43.	Custom	er lists, mailin	g lists, or other con	npilations			
	✓ No ☐ Yes.	Do your lists No Yes. Des		identifiable information	(as defined in 11 U.S.C. § 101(41)	A))?	
44.	Any bus	siness-related	property you did no	t already list			
	✓ No ☐ Yes.	. Give specific	information.				
45.			•	•	ny entries for pages you have	>	\$0.00
Pa				mmercial Fishing-R in farmland, list it in P	elated Property You Own o art 1.	or Have a	n Interest In.
46.	Do you	own or have a	ny legal or equitable	e interest in any farm- o	r commercial fishing-related prop	erty?	
	_	Go to Part 7. Go to line 47.	-	-	-		

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tor 1	June	N.	Smart	Case number (if known)	
	First Name	Middle Name	Last Name		Current value of the portion you own? Do not deduct secured claims or exemptions.
		oultry, farm-raised fish			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
✓ No ☐ Yes	·				
Crops	either growing	or harvested			
	•				
Farm a	nd fishing equip	pment, implements, m	achinery, fixtures, and	tools of trade	
✓ No ☐ Yes					
Farm a	nd fishing supp	olies, chemicals, and f	eed		
✓ No ☐ Yes	·				
Any far	m- and comme	rcial fishing-related p	operty you did not alre	ady list	
_					
					\$0.00
art 7:	Describe All	Property You Ow	n or Have an Intere	est in That You Did Not List Abov	e
-	•		•		
✓ No ☐ Yes	. Give specific	information.			
Add the	dollar value of	f all of your entries fro	m Part 7. Write that nu	ımber here +	\$0.00
	Farm all Example No Yes Crops No Yes info Farm all No Yes Farm all No Yes Any far No Add the attache attache Do you Example No Yes	Farm animals Examples: Livestock, p No Yes Crops—either growing No Yes. Give specific information Farm and fishing equip No Yes Farm and fishing supp No Yes Any farm- and comme No Yes Any farm- and comme Information Add the dollar value of attached for Part 6. We art 7: Describe All Do you have other pro Examples: Season tick No Yes. Give specific	First Name Middle Name Farm animals Examples: Livestock, poultry, farm-raised fish No Yes Cropseither growing or harvested No Yes. Give specific information Farm and fishing equipment, implements, m No Yes Farm and fishing supplies, chemicals, and for yes Farm and commercial fishing-related pr No Yes Any farm- and commercial fishing-related pr No Yes. Give specific information	Farm animals Examples: Livestock, poultry, farm-raised fish No Yes Cropseither growing or harvested No Yes. Give specific information Farm and fishing equipment, implements, machinery, fixtures, and No Yes Farm and fishing supplies, chemicals, and feed No Yes Any farm- and commercial fishing-related property you did not alred information	Farm animals Examples: Livestock, poultry, farm-raised fish No Yes Crops-either growing or harvested No Yes. Give specific information Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No Yes Farm and fishing supplies, chemicals, and feed No Yes Any farm- and commercial fishing-related property you did not already list No Yes. Give specific information

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Debtor 1	June	N.	Smart	Case nu	ımber (if known)		
	First Name	Middle Name	Last Name				
Part 8:	List the Tota	lls of Each Part of	this Form				
55. Part 1	l: Total real estat	e, line 2				→	\$240,000.00
56. Part 2	2: Total vehicles,	line 5	-	\$6,848.00			
57. Part 3	3: Total personal	and household items,	line 15	\$1,975.00			
58. Part 4	1: Total financial	assets, line 36	-	\$128,103.45			
59. Part 5	5: Total business	-related property, line	45 _	\$0.00			
60. Part 6	6: Total farm- and	I fishing-related prope	rty, line 52	\$0.00			
61. Part 7	7: Total other pro	perty not listed, line 5	4 +-	\$0.00			
62. Total	personal proper	ty. Add lines 56 throu	gh 61	\$136,926.45	Copy personal property total	> +	\$136,926.45
63. Total	of all property or	n Schedule A/B. Add	d line 55 + line 62				\$376,926.45

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Fill i	n this inf	ormation to	identify your	case:					
Debto	r 1	June	N.	Smart					
Debto	r 2	First Name	Middle Name	e Last Name					
	se, if filing)	First Name	Middle Name	e Last Name					
United	States Bar	nkruptcy Court f	or the: NORTHE	RN DISTRICT OF I	LLIN	iois		☐ Check if this is an	
Case i	number wn)							amended filing	
Offici	al Form	106C							
Sche	dule C:	The Prop	erty You Cl	aim as Exemp	ot				04/16
Using the space is	ne property s needed, fi	you listed on So	chedule A/B: Prop to this page as m	perty (Official Form 10	6A/B)	as your so	urce, list the	esponsible for supplying correct in e property that you claim as exem ssary. On the top of any additiona	ot. If more
is to sta exempt receive exempt	ate a specified up to the certain be	ic dollar amou e amount of an nefits, and tax- 6 of fair marke	nt as exempt. Al ny applicable stat exempt retirement t value under a la	Iternatively, you may tutory limit. Some ex nt fundsmay be unl	clair cemp imite mpti	n the full fa tionssuch d in dollar on to a part	ir market as those amount. H icular doll	you claim. One way of doing so value of the property being for health aids, rights to dowever, if you claim an lar amount and the value of the le statutory amount.	
Part	1: Ide	ntify the Pro	perty You Cla	aim as Exempt					
1. Wh	nich set of	exemptions are	you claiming?	Check one only,	even	if your spou	se is filing	with you.	
		•		kruptcy exemptions.	11 U.	S.C. § 522(b)(3)		
	You are o	claiming federal	exemptions. 11 l	J.S.C. § 522(b)(2)					
2. Fo	r any prope	erty you list on	Schedule A/B th	nat you claim as exer	npt, f	ill in the inf	ormation	below.	
		of the property lists this prop		Current value of the portion you own	Amount of the exemption you		claim	Specific laws that allow exem	ption
				Copy the value from Schedule A/B		eck only one h exemptior			
	scription: family ho	me located at	t 904 Apple	\$240,000.00	☑	\$15,00 100% of favalue, up t	ir market	735 ILCS 5/12-901 & 902	
Schauf 1998 fo 2004 fo payme 2010 fo (Home policy	or \$181,30 or \$181,30 ents; refina or \$247,50 owners in number is	0.00. Refinar 0.00 to lower anced again i 0.00 to mana	mortgage n September, ge debt. ugh Allstate;			applicable limit	-		
	ubject to adj	ustment on 4/0	1/19 and every 3 y	more than \$160,375° years after that for cas	ses fil			,	

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Debtor 1	June First Name	N. Middle Name	Smart Last Name	Case number	r (if known)
		Wildale Warrie	East Name		
Part 2:	Additional	Page			
	ription of the pro A/B that lists this	perty and line on property	Current value of the portion you own	ount of the mption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	eck only one box for h exemption	
2008 Sub (VIN:4S4) through A	back Subaru paru Outback BP62C9873019 Allstate; policy I9) 80,428 miles		\$6,848.00	\$0.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)
Line from S	Schedule A/B:	3.1			
tv, dvd, e	usehold goods,	used appliances,	\$500.00	\$500.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
included	Televsions, rac	dios, etc., value	\$0.00	\$0.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
	ription: orints, vases an Schedule A/B:	d books	\$300.00	\$300.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
bicycles,	ription: sporting good: an older piano Schedule A/B:	_	\$500.00	\$500.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
adult per	nary lot of cloth son.	ning suitable for	\$350.00	\$350.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a), (e)
watches	ription: g ring; 1 engag Schedule A/B:		\$250.00	\$250.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
book/nov recorded	100 mostly paperels; 7 pictures music.		\$75.00	\$75.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

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Debtor 1	June First Name	N. Middle Name	Smart Last Name		Case number	r (if known)
	First Name	Middle Name	Last Name			
Part 2:	Additiona	al Page				
	ription of the pr A/B that lists th	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption	
			Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description: Checking account (BMO Harris Bank			\$400.00	\square	\$400.00 100% of fair market	735 ILCS 5/12-1001(b)
Line from Schedule A/B:17.1				_	value, up to any applicable statutory limit	
Brief descr	ription: account BMO	Harris Bank	\$1,800.00	1	\$1,800.00 100% of fair market	735 ILCS 5/12-1001(b)
Line from Schedule A/B:					value, up to any applicable statutory limit	
Brief descr	•	latinament Cavinga)	\$67,406.21	Ø	\$67,406.21	735 ILCS 5/12-704
_	Schedule A/B: _	etirement Savings) 21			100% of fair market value, up to any applicable statutory limit	
Brief descr		eiter Oranta et Na	\$52,035.24	V	\$52,035.24	215 ILCS 5/238
825221)	i Equity (Annu	ity Contact No:			100% of fair market value, up to any	
Line from S	Schedule A/B:	23			applicable statutory limit	
Brief descr	•		\$5,847.00	V	\$175.00	735 ILCS 5/12-1001(b)
	eral Tax refun Schedule A/B: _				100% of fair market value, up to any applicable statutory limit	
Brief descr	•		\$615.00	V	\$0.00	735 ILCS 5/12-1001(b)
	te Tax Refund Schedule A/B: _	28			100% of fair market value, up to any applicable statutory limit	
Brief descr		,	Unknown	V	\$0.00	735 ILCS 5/12-1001(b)
	ks;negligible Schedule A/B:	value, if any. 			100% of fair market value, up to any applicable statutory limit	

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Fill in this info	ormation to identi	iv vour coor						
Debtor 1		I. Smart Niddle Name Last Na						
Debtor 2 (Spouse, if filing)	First Name N	fliddle Name Last Na	me					
United States Bar	nkruptcy Court for the: I	ORTHERN DISTRICT O	F ILLINOIS	<u>s</u>				
Case number (if known)	I Check it this is an							
Official Form	106D							
Schedule D:	Creditors Who	Have Claims Sec	cured by	Property		12/15		
On the top of any a 1. Do any credit □ No. Chec □ Yes. Fill	No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below.							
claim, list the c	creditor separately for e particular claim, list the ible, list the claims in al	has more than one secured ach claim. If more than one other creditors in Part 2. As phabetical order according t	: S	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
2.1		Describe the property the secures the claim:	nat	\$12,038.55	\$6,848.00	\$5,190.55		
Ally Creditor's name P. O. Box 38090 Number Street	1	 2008 Subaru Outback (VIN:4S4BP62C98730 (Insur 	01928)					
As of the date you file, the claim is: Check all that apply. Contingent								
	-		-					

Add the dollar value of your entries in Column A on this page. Write that number here:

\$12,038.55

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Debtor 1	June	N.	Smart	Case number (if known)			
	First Name	Middle Na	me Last Name				
Part 1:		•	this page, number them ous page.	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.2			Describe the property that secures the claim:	\$223,974.38	\$240,000.00		
U S Bank Home Mortgage Creditor's name P. O. Box 5760 Number Street			Single family home located at 904 Apple Drive,				
Debtor Debtor Debtor At leas	State sthe debt? Che 1 only 2 only 1 and Debtor 2 st one of the debt	only ors and another	As of the date you file, the claim is Contingent Unliquidated Disputed Nature of lien. Check all that apply An agreement you made (such a stautory lien (such as tax lien, run Judgment lien from a lawsuit Other (including a right to offset)	r. as mortgage or secured nechanic's lien)	l car loan)		
Check if this claim relates to a community debt			Mortgage				
Date debt	was incurred	9-2010	Last 4 digits of account number	9 9 2 3			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$223,974.38

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$236,012.93

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Fill in this inf	ormation to iden							
Debtor 1	June First Name	N. Middle Name	Smart Last Name					
Debtor 2 (Spouse, if filing)		Middle Name	Last Name					
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS								
Case number (if known)					Check if this is an amended filing			

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

- 1. Do any creditors have priority unsecured claims against you?
 - No. Go to Part 2.
 - ☐ Yes.
- 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total clain	n Priority	Nonpriority
	amount	amount

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Debtor 1	June First Name	N. Middle Name	Smart Last Name	Case number (if known)
	- Hot Hamo	Middle Harrie	Lastriamo	
Part 2:	List All of	Your NONPRIORIT	TY Unsecured Cla	aims
3. Do ar	ny creditors have	nonpriority unsecured	d claims against you	?
	No. You have not Yes	hing to report in this par	t. Submit this form to	the court with you other schedules.
ت		ority unsecured claims	s in the alphabetical o	order of the creditor who holds each claim.
If a cr type c	editor has more the claim it is. Do r	han one nonpriority unse not list claims already inc	ecured claim, list the cluded in Part 1. If mo	reditor separately for each claim. For each claim listed, identify what re than one creditor holds a particular claim, list the other creditors in out the Continuation Page of Part 2.
				Total claim
4.1				\$1,366.73
	Express		_ Last 4 digits of ac	count number 1 0 0 0
	reditor's Name		When was the del	ot incurred?
Number	Street		As of the date you	ı file, the claim is: Check all that apply.
P. O. Box	981535		_	
			Unliquidated	
El Paso		TX 79998-1535	Disputed	
City		State ZIP Code	Type of NONPRIO	RITY unsecured claim:
	red the debt?	Check one.	☐ Student loans	
<u> </u>	1 only 2 only			sing out of a separation agreement or divorce
ш	r 1 and Debtor 2 c	only	•	t report as priority claims
_	st one of the debto	•		on or profit-sharing plans, and other similar debts
_	if this claim is f	or a community debt	✓ Other. Specify Credit Card	
	m subject to offs		oroun ouru	
✓ No ☐ Yes	·			
4.2				\$18,067.99
AT& T Ur	niversal Card/C	iti	Last 4 digits of ac	count number 3 8 1 0
	reditor's Name		When was the del	ot incurred?
Number	r Service Street		As of the date you	ı file, the claim is: Check all that apply.
P. O. Box			_	, , , , , , , , , , , , , , , , , , , ,
			Unliquidated	
Sioux Fa	lle	SD 57117	Disputed	
City	iis	State ZIP Code	Type of NONPRIO	PRITY unsecured claim:
Who incur	red the debt?	Check one.	Student loans	Titl Fullscouled dami.
	1 only			sing out of a separation agreement or divorce
二 ~	2 only	l		t report as priority claims
_	r 1 and Debtor 2 of st one of the debto	-		on or profit-sharing plans, and other similar debts
–		or a community debt	Other. Specify	,
_		•	Credit Card	
	m subject to offs	et?		
✓ No Ves				

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Debtor 1	June	N.	Smart	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	Your NON	PRIORITY Unsec	cured Claims Conti	nuation Page	
. dire zi				.aa.ioii i ago	
	• •	this page, number t	hem sequentially from the		Total claim
previous p	oage.				
4.3					\$898.47
Carson's	i		Last 4 digits of acco	unt number <u>1 4 7 0</u>	
	Creditor's Name		When was the debt in		
Comenity Number	y Bank Street			e, the claim is: Check all that apply.	
	tcy Department		Contingent	e, the claim is. Officer an that apply.	
P. O. Box	-		Unliquidated		
		011 42240 2421	— Disputed		
Columbu		OH 43218-2125 State ZIP Code		TV unacquired eleim.	
,		Check one.	Type of NONPRIORI	i unsecurea ciaim.	
☑ Debtor	r 1 only		Student loans Obligations arising	g out of a separation agreement or divorce	
	r 2 only			port as priority claims	
ш	r 1 and Debtor 2 o	•	•	or profit-sharing plans, and other similar debts	
_	st one of the debto		Other. Specify		
☐ Check	if this claim is fo	or a community debt	Credit Card		
	m subject to offs	et?			
☑ No					
Yes					
4.4					\$42 CEO 42
بب	Ohaina		Look 4 dimito of coop	unt number 0 0 1 0	<u>\$13,652.12</u>
Citibank Nonpriority C	Choice Creditor's Name		Last 4 digits of acco		
P. O. Box			When was the debt in		
Number	Street		As of the date you fil	e, the claim is: Check all that apply.	
			Contingent		
			Unliquidated Disputed		
Sioux Fa	llas	SD 57117			
City		State ZIP Code	Type of NONPRIORI	ΓY unsecured claim:	
_ 5	red the debt? r 1 only	Check one.	Student loans		
<u> </u>	r 2 only			g out of a separation agreement or divorce	
	r 1 and Debtor 2 o	nlv	•	port as priority claims	
	st one of the debto	•	=	or profit-sharing plans, and other similar debts	
ш.		or a community debt	Other. Specify Credit Card		
_	m subject to offs	-	Oreun Caru		
✓ No	230,000 10 0110				
Yes					

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Debtor 1	June	N.	Smart	Case number (if known)	
	First Name	Middle Name	Last Name		
	- v vo	IDDIADITY II	1011 0 41		
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Conti	nuation Page	
After listin	ng any entries o	n this page, number the	m sequentially from the	•	Total claim
previous p	oage.				Total Claim
4.5					\$149,644.76
Great La	kes Hight Edu	cation Corp	Last 4 digits of acco	unt number 2 1 2 4	
Nonpriority C	Creditor's Name	•	When was the debt i		
Number	ernational Lane Street)	As of the date you fi	le, the claim is: Check all that apply.	
			_		
			Unliquidated		
Madison		WI 53704	Disputed		
City	1.1. 1.1.0	State ZIP Code	Type of NONPRIORI	TY unsecured claim:	
	rred the debt? r 1 only	Check one.	Student loans		
Ľ	r 2 only			g out of a separation agreement or divorce	
Debtor	r 1 and Debtor 2		•	eport as priority claims or profit-sharing plans, and other similar debts	
☐ At leas	st one of the deb	tors and another	Other. Specify		
☐ Check	if this claim is	for a community debt	_		
	m subject to off	set?			
☑ No ☐ Yes					
_	hargeable				
	ilai geable				
4.6					\$782.69
Kohl's			_ Last 4 digits of acco	unt number <u>7</u> <u>7</u> <u>0</u> <u>9</u>	
Nonpriority C P. O. Box	Creditor's Name		When was the debt i	ncurred?	
Number	Street		As of the date you fi	le, the claim is: Check all that apply.	
			_ Contingent		
			✓ Unliquidated✓ Disputed		
Milwauke	ee	WI 53201-3043	_ _ _		
City Who incur	red the debt?	State ZIP Code Check one.	• •	TY unsecured claim:	
	r 1 only		Student loans Obligations arisin	g out of a separation agreement or divorce	
Debtor	r 2 only			eport as priority claims	
= ,,,,,,,,	r 1 and Debtor 2 st one of the deb	•	•	or profit-sharing plans, and other similar debts	
느			Other. Specify		
		for a community debt	Store account		
Is the cial	m subject to off	Ser i			
Yes					

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Part 2: Your NONPRIORITY Unsecured Claims Continuation Page	Debtor 1	June	N.	Smart	Case number (if known)	
After listing any entries on this page, number them sequentially from the previous page. 4.7 Sac. 75 Old Navy Last 4 digits of account number		First Name	Middle Name	Last Name		
After listing any entries on this page, number them sequentially from the previous page. 4.7 Sac. 75 Old Navy Last 4 digits of account number	D 40	- V. NON	DDIODITY II			
A 7 Sacra Sears Credit Cards Sears Credit Cards Sears Credit Cards Sears Credit Cards Sears Sears Credit Cards Sears Sears Credit Cards Sears Sears Credit Cards Sears Sears Sears Credit Cards Sears Sear	Part 2:	Your NON	PRIORITY Unsec	ured Claims Conti	nuation Page	
4.7 State Last 4 digits of account number 4 9 2 3	After listin	ng any entries on	this page, number th	nem sequentially from the	•	Total claim
Last 4 digits of account number 4 9 2 3	previous	page.				rotar orann
Nonpriorly Creditor's Name Customer Relations Number Street 200 Old Navy Lane Street Contingent Unliquidated Disputed Disput	4.7					\$86.75
Nonpriority Creditor's Name Customer Relations Number Street 200 Old Navy Lane	Old Navv	,		Last 4 digits of acco	unt number 4 9 2 3	<u>·</u>
As of the date you file, the claim is: Check all that apply. Contingent Contin				When was the debt i		
Grove City OH 43123-8605 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt is the claim subject to offset? □ No □ Yes 4.8 Sears Credit Cards Nonpriorly Creditor's Name P.O. Box 6282 Number Street □ Street □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ As of the date you file, the claim is: Check all that apply. □ Contingent □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Contingent □ Debtor 1 sonly □ Debtor 1 and Debtor 2 only □ Debtor 1 sonly □ Debtor 1 and Debtor 2 only □ Debtor 1 sonly □ Debtor 2 sonly □ Debtor 2 sonly □ Debtor 2 sonly □ Debtor 3 sonly						
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Sioux Falls Sioux Falls Sioux Falls Size						
Sioux Falls Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	Number	Street		<u> </u>	e, the claim is. Check all that apply.	
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□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt	☑ Debto	r 1 only		ш	g out of a separation agreement or divorce	
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☐ Check if this claim is for a community debt Credit Card	=		•		or profit-sharing plans, and other similar debts	
- Cloud Gala						
Is the claim subject to offset?	_		-	Credit Card		
·		m subject to offs	et?			
☑ No □ Yes	$=$ \cdot					

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Debtor 1	June	N.	Smart	Case number (if known)
	First Name	Middle Name	Last Name	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. -	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
Total claims	6f.	Student loans	6f.	Total claim \$149,644.76
from Part 2	01.	Stadon found	01.	Ψ1+3,0+4.70
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h. Debts to pension or profit-sharing plans, and oth debts		6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. 🖣	\$40,392.71
	6j.	Total. Add lines 6f through 6i.	6j.	\$190,037.47

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Filli	in this inf	ormation to i	identify your case	:	
Debto	or 1	June	N.	Smart	
		First Name	Middle Name	Last Name	
Debto					
(Spot	use, if filing)	First Name	Middle Name	Last Name	
Unite	d States Ba	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLIN	<u>ois</u>
Case	number				☐ Check if this is an
(if kno	own)				amended filing
Offic	ial Form	106G			
3che	edule G	: Executor	y Contracts an	d Unexpired I	_eases 12
. Do	o you have	any executory of	contracts or unexpired	d leases?	
				· ·	nedules. You have nothing else to report on this form.
✓	Yes. Fill	l in all of the infor	mation below even if th	e contracts or leases	are listed on Schedule A/B: Property (Official Form 106A/B).
		•		•	tract or lease. Then state what each contract or lease for this form in the instruction booklet for more examples of
ex	ecutory cor	ntracts and unexp	pired leases.		
	Person or	company with	whom you have the co	ontract or lease	State what the contract or lease is for
2.1	Sprint				Cellular phone
	Name	w 4101			Contract to be ASSUMED
	P. O. Box Number	X 4191 Street			-
					-
	Carol St	ream	IL State	60197-4191	-

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Fill in th	is information to i	identify your case	:		
Debtor 1	June	N.	Smart		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if	filing) First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS		
Case numb	ner.				
(if known)				Check if this is amended filing	
				amended ming	J
000 : 15					
Official F	form 106H				
Schedul	le H: Your Cod	ebtors			12/15
	have any codebtors?		ame and case number (if kno	wn). Answer every question. se as a codebtor.)	
include	Arizona, California, Ida	•		y? (Community property states and ter xas, Washington, and Wisconsin.)	rritories
☐ Ye	•	rmer spouse, or legal e	quivalent live with you at the ti	me?	
	No Yes				
3. In Colu person credito	shown in line 2 agair r on <i>Schedule D</i> (Offi	n as a codebtor only if	that person is a guarantor or clude E/F (Official Form 106E)	tor if your spouse is filing with you. It cosigner. Make sure you have listed (F), or <i>Schedule G</i> (Official Form 1060)	d the
Colu	ımn 1: Your codebtor			Column 2: The creditor to whom yo	ou owe the debt

Check all schedules that apply:

Official Form 106H Schedule H: Your Codebtors page 1

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Fill in this inforn	nation to ide	ntify your case:				
Debtor 1	June	N.	Smart			
	First Name	Middle Name	Last Name		Ch	neck if this is:
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		_	An amended filing
, , , , ,			DISTRICT OF IL	I INOIS		A supplement showing postpetition
United States Bank Case number	ruptcy Court for	tne: NORTHERN	DISTRICT OF IL	LINUIS	_	chapter 13 income as of the following date
(if known)				_		MM / DD / YYYY
Official Form 10	D6I					
Schedule I: Yo	our Income					12/15
include information a about your spouse. I your name and case	bout your spou f more space is	se. If you are separ needed, attach a se n). Answer every o	rated and your spo eparate sheet to th	use is no	t filing with	r spouse is living with you, you, do not include information of any additional pages, write
Fill in your emploinformation.	oyment		Debtor 1			Debtor 2 or non-filing spouse
If you have more	_					7.
job, attach a sepa with information a	a.o pago	nployment status	✓ Employed ✓ Not employed	ed		☐ Employed ☐ Not employed
additional employ	ers.	ccupation	Senior Produc		p.Tech	
Include part-time, or self-employed	seasonal,	nployer's name	Avery Denniso			
Occupation may i student or homen applies.		mployer's address	906 Feehanvill Number Street	e Drive		Number Street
			Mount Prospe	ct IL State	60056 e Zip Code	City State Zip Code
	Н	ow long employed t				
Part 2: Give I	Details About	t Monthly Incom	e			
Estimate monthly inc	ome as of the d	ate you file this forr		ing to repo	ort for any lin	ne, write \$0 in the space. Include your
non-filing spouse unles			or combine the infe	rmation fo	ar all amenia.	ore for that narrow on the lines below 16
you need more space,			er, combine the init	imation it	or all employ	ers for that person on the lines below. If
				For	Debtor 1	For Debtor 2 or non-filing spouse
		y, and commission onthly, calculate what		2	\$5,252.09	<u> </u>
3. Estimate and list	monthly overti	me pay.		3. + _	\$1,221.18	<u> </u>
4. Calculate gross	income. Add lir	ne 2 + line 3.		4.	\$6,473.27	

Official Form 106I Schedule I: Your Income page 1

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Deb	tor 1	June	N	Smart		Case nu	mber (if k	nown)	
		First Name	Middle Name	Last Name	Fo	or Debtor 1		ebtor 2 or ling spouse	_
	Cop	v line 4 here		-	4.	\$6,473.27			_
5.	•	all payroll dec		-		*************************************			
-			e, and Social Security deduction	ns	5a.	\$1,532.58			
			entributions for retirement plan		5b.	\$0.00		_	
			ntributions for retirement plans		5c.	\$0.00			
			ayments of retirement fund loa		5d.	\$0.00			
		Insurance			5e.	\$395.59			
	5f.	Domestic sup	port obligations		5f.	\$0.00			
	5g.	Union dues	-		5g.	\$0.00			
	5h.	Other deducti	ions.						
		Specify: See	continuation sheet		_ 5h. +	\$691.52			
6.	5g +	- 5h.	ductions. Add lines 5a + 5b +		6.	\$2,619.69			
7.			, ,	act line 6 from line 4.	7.	\$3,853.58			
8.			ne regularly received:	_					
	8a.		om rental property and from opfession, or farm	perating a	8a.	\$0.00			
			ment for each property and busin , ordinary and necessary busines nly net income.	•					
	8b.	Interest and o	lividends		8b.	\$0.00			
	8c.		rt payments that you, a non-fili gularly receive	ing spouse, or a	8c.	\$0.00			
			ny, spousal support, child support nent, and property settlement.	t, maintenance,					
	8d.	Unemployme	nt compensation		8d.	\$0.00			
		Social Securi	•		8e.	\$0.00			
	8f.	Other govern	ment assistance that you regul	arly receive	•				
		cash assistan	assistance and the value (if know ce that you receive, such as food r the Supplemental Nutrition Ass ssidies.	stamps					
		Specify:			8f.	\$0.00			
	8a	· · · —	tirement income		_ 8g.	\$0.00			
	_	Other monthl			og.	Ψ0.00			
		Specify:			_ 8h. + .	\$0.00			
9.	Add	all other inco	me. Add lines 8a + 8b + 8c + 8d	+ 8e + 8f + 8g + 8h.	9.	\$0.00			
10.			income. Add line 7 + line 9. ne 10 for Debtor 1 and Debtor 2	or non-filing spouse.	10.	\$3,853.58	+		= \$3,853.58
11.	Inclu		ular contributions to the expen is from an unmarried partner, me				ur roomm	ates, and oth	ner
	Do r	not include any	amounts already included in line	s 2-10 or amounts tha	at are not	available to pay	expenses	s listed in Scl	hedule J.
	Spe	cifv:						11.	+ \$0.00
		,-							
12.	inco		the last column of line 10 to the amount on the Summary of Your						\$3,853.58 Combined monthly income
13.	Doy	ou expect an	increase or decrease within the	e year after you file	this form	?			
	$ \sqrt{} $	No.	None.	-					
		Yes. Explain:							

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Debtor 1	June	N.	Smart		Case number (if known)				
	First Name	Middle Name	Last Name						
5h Oth	er Payroll Deduc	tions (dotails)			For Debtor 1	For Debtor 2 or non-filing spouse			
	(k) and 401(k) I	` '			\$480.96		_		
Cre	edit Union				\$43.33				
Gro	oup Univ Life				\$41.95				
LTI	D & SUPADD				\$34.28				
<u>Uni</u>	ited Way				\$91.00				
			7	Γotals:	\$691.52				

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F	ill in this inform	ation to ider	ntify your case:				.1. 26 (1. 2.	. • .		
	Debtor 1	June	N.	Smar	•4	l	ck if this	s is: ended filing		
	Deptor 1	First Name	Middle Name	Last Na			A supp	lement showing r 13 expenses a		
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	ame			ng date:	as or the	
	United States Bankr	uptcy Court for t	he: NORTHERN	DISTRICT O	F ILLINOIS		MM / D	D / YYYY		
	Case number (if known)									
O	fficial Form 10	6J								
Sc	chedule J: Yo	ur Expens	ses							12/15
nai	rrect information. If me and case numbe	more space is	needed, attach and nswer every questi	ther sheet to	ling together, both ar this form. On the top					
1.	Is this a joint case	?								
2.	No Yes	ebtor 2 live in a Debtor 2 must endents?	a separate househo t file Official Form 10 ☐ No ☑ Yes. Fill out this	6J-2, Expense	s for Separate Housel	onshi		Dependent's	Does depe	
	Do not list Debtor 1 Debtor 2.	I and	for each depend		_	r 2		age	_ <u>live with yo</u> ☐ No	ou?
	Do not state the de	ependents'			Son			21	- ☑ Yes	
	names.				Granddaughter			2	- ☑ Yes	
									□ No - □ Yes	
									□ No - □ Yes	
									☐ No	
3.	Do your expenses expenses of peop yourself and your	le other than	☑ No ☐ Yes						- □ Yes	
E	art 2: Estima	ite Your Ong	joing Monthly E	xpenses						
to		of a date after t	the bankruptcy is fi	-	are using this form as a supplemental Sche			-		
	lude expenses paid ch assistance and h		-	-	u know the value of cial Form 106l.)			Your expen	ses	
4.			xpenses for your re					4.	\$1,95	0.64
	If not included in	•	. 0							
	4a. Real estate ta	ixes						4a		
	4b. Property, hom	neowner's, or rer	nter's insurance					4b		
	4c. Home mainte	nance, repair, ar	nd upkeep expenses					4c	\$7	5.00
	4d. Homeowner's	association or o	condominium dues					4d.		

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Deb	tor 1	June	N.	Smart	Case number (if known)	
		First Name	Middle Name	Last Name	•	
					Your expens	es
5.	Add	itional mortgag	ge payments for your resid	lence, such as home equity loans	5	
6.	Utilities:					
	6a.	Electricity, heat	t, natural gas		6a	\$200.00
	6b.	Water, sewer, g	garbage collection		6b	\$75.00
	6c.	Telephone, cell	I phone, Internet, satellite, a	nd	6c	\$325.00
	6d.	Other. Specify	:		6d.	
7.		d and houseke		7.	\$550.00	
8.	Chil	dcare and child	dren's education costs	8.		
9.	Clot	hing, laundry, a	and dry cleaning	9.	\$55.00	
10.	Pers	sonal care prod	lucts and services	10.	\$60.00	
11.	Med	lical and dental	expenses	11.	\$50.00	
12.		nsportation. Inc . Do not include	clude gas, maintenance, bus	12.	\$175.00	
13.		ertainment, clul jazines, and bo	os, recreation, newspaper oks	13.		
14.	Cha	ritable contribu	itions and religious donati	14.		
15.	Insu					
			, ,	ay or included in lines 4 or 20.		
	15a. Life insurance				15a	
	15b. Health insurance				15b	
	15c.				15c	\$132.00
		Other insuran	· · ·		15d	
16.	Taxe Spe	aif		our pay or included in lines 4 or 20.	16.	
17.	Inst	allment or lease	e payments:			
	17a.	Car payments	s for Vehicle 1 Vehicle		17a	\$236.00
	17b.	Car payments	s for Vehicle 2		17b	
	17c.	Other. Specif	fy:		17c	
	17d.	Other. Speci	fy:		17d	
18.			•	I support that you did not report as , Your Income (Official Form 106I).	18.	
19.			ou make to support others	who do not live with you.	19.	

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Deb	tor 1	June	N.	Smart	Case number (if known)	·				
		First Name	Middle Name	Last Name						
20.		Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.								
	20a.	Mortgages on o	other property		20a					
	20b.	Real estate tax	ces		20b.	_				
	20c.	Property, home	eowner's, or renter's insurar	20c.						
	20d.	Maintenance, r	repair, and upkeep expense	20d						
	20e.	Homeowner's a	association or condominiun	n dues	20e					
21.	Othe	er. Specify:			21. +					
22.	Calc	ulate your mont	thly expenses.							
	22a.	Add lines 4 thro	ough 21.		22a	\$3,883.64				
	22b.	Copy line 22 (r	monthly expenses for Debto	or 2), if any, from Official Fo	orm 106J-2. 22b.					
	22c.	Add line 22a a	nd 22b. The result is your i	monthly expenses.	22c	\$3,883.64				
23.	Calc	ulate your mont	thly net income.		_					
	23a.	Copy line 12 (y	your combined monthly inco	ome) from Schedule I.	23a	\$3,853.58				
	23b.	Copy your mor	nthly expenses from line 22	23b. – _	\$3,883.64					
	23c.		monthly expenses from you our monthly net income.	23c	(\$30.06)					
24.	Do you expect an increase or decrease in your expenses within the year after you file this form?									
		For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?								
		No. Yes. Explain he None.	re:							

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Debtor 1	June	N.	Smart			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court fo	or the: NORTHERN [DISTRICT OF ILLINOIS	<u>s</u>		
Case number				□ Chock if	this is an	
(if known)		neck if this is an nended filing				
Official Form	106Sum					
		ets and Liabili	ties and Certain	Statistical Information	12/15	
orrect informati	on. Fill out all of	your schedules first	; then complete the infor	ether, both are equally responsible for rmation on this form. If you are filing and check the box at the top of this p	amended	
Part 1: Su	ımmarize You	ır Assets				
					Your assets	
Schodulo A/I	P: Proporty (Offici	al Form 1064/P)		·	Value of what you own	
	B: Property (Offici	,	/D		\$240,000.00	
1a. Copy IIr	ie 55, Total real e	state, from Schedule A	/B			
1b. Copy lin	e 62, Total perso	nal property, from Sch	edule A/B		\$136,926.45	
, ,	, ,			1		
1c. Copy lin	e 63, Total of all p	property on Schedule A	\/B		\$376,926.45	
Part 2: Su	ımmarize You	ır Liabilities				
					Varr liabilities	
					Your liabilities Amount you owe	
Schedule D:	Creditors Who Ha	ave Claims Secured by	Property (Official Form 1	106D)		
				he last page of Part 1 of Schedule D	\$236,012.93	
Schedule E/I	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F					
00044.0 =/.						
				Gi of Sobodulo E/E	\$190,037.47	
3a. Copy th	o total claims from	o Part 2 (pappriority up				
3a. Copy th	e total claims fron	n Part 2 (nonpriority un	secured claims) from line	oj di Schedule E/F		
3a. Copy th	e total claims fron	n Part 2 (nonpriority un	secured claims) from line	Your total liabilities	\$426,050.40	

Part 3: Summarize Your Income and Expenses

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Deb	tor 1	June	N.	Smart	Case number (if known)	
		First Name	Middle Name	Last Name		
Pa	art 4	Answer T	hese Questions for	Administrative a	nd Statistical Records	
6.	Are	you filing for ban	kruptcy under Chapters	s 7, 11, or 13?		
		No. You have no Yes	thing to report on this pa	rt of the form. Check th	nis box and submit this form to the court with yo	ur other schedules.
7.	Wha	t kind of debt do	you have?			
			•		e those "incurred by an individual primarily for a 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,
			ot primarily consumer ourt with your other sched		ng to report on this part of the form. Check this	box and submit
В.			of Your Current Monthly ine 11; OR, Form 122B	, , , ,	otal current monthly income from C-1 Line 14.	\$5,212.13
9.	Cop	y the following s	pecial categories of cla	ims from Part 4, line 6	of Schedule E/F:	
					Total claim	
	Fron	n Part 4 on Sche	dule E/F, copy the follo	wing:		

FIU	in Fait 4 on Schedule E/F, copy the following.		
9a.	Domestic support obligations. (Copy line 6a.)		\$0.00
9b.	Taxes and certain other debts you owe the government. (Copy line 6b.)		\$0.00
9c.	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)		\$0.00
9d.	Student loans. (Copy line 6f.)	\$14	9,644.76
9e.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)		\$0.00
9f.	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+	\$0.00
9g.	Total. Add lines 9a through 9f.	\$14	9,644.76

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Fill in this information to identify your case:						
Debtor 1	June First Name	N. Middle Name	Smart Last Name]		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS					
Case number (if known)					Check if this is an amended filing	
Official Form 106Dec						
Declaration	About an	Individual Debt	or's Schedules			
If two married poo	unlo aro filing to	agothor, both are equal	lly responsible for supplying	correct information		

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below						
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?						
☑ No						
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).					
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.						
X /s/ June N. Smart June N. Smart, Debtor 1	X Signature of Debtor 2					
Date <u>06/22/2016</u> MM / DD / YYYY	Date MM / DD / YYYY					

12/15

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F	ill in this inf	ormation to ide	ntify you	r case:				
	Debtor 1	June	N.	Smart				
) - h + 0	First Name	Middle Na	me Last Name				
	Debtor 2 Spouse, if filing)	First Name	Middle Na	me Last Name				
ι	Jnited States Bar	nkruptcy Court for the	e: NORTH	IERN DISTRICT OF	ILLINOIS			
	Case number						☐ Check if this	is an
(1	if known)						amended fil	
0	fficial Form	107						
St	tatement o	f Financial A	ffairs fo	or Individuals F	iling for Ba	nkru	otcy	04/16
co yo	rrect informatio ur name and ca	n. If more space is se number (if know	needed, a vn). Answe	ttach a separate shee	t to this form. On	the top	qually responsible for su of any additional pages ore	
1.	What is your	current marital stat	tus?					
	✓ Not marrie	ed						
2.	During the last 3 years, have you lived anywhere other than where you live now? ✓ No ✓ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.							
3.	(Community p				•	-	/ property state or territo da, New Mexico, Puerto Ri	•
	✓ No ☐ Yes. Mak	e sure you fill out So	chedule H:	Your Codebtors (Officia	al Form 106H).			
F	Part 2: Exp	plain the Source	es of You	ır Income				
4.	Fill in the total	amount of income y	ou receive	t or from operating a d from all jobs and all bome that you receive to	usinesses, includi	ng part-t		endar years?
	□ No ☑ Yes. Fill i	n the details.						
				Debtor 1			Debtor 2	
				ources of income heck all that apply.	Gross income (before deduct and exclusions	tions (Sources of income Check all that apply.	Gross income (before deductions and exclusions
		f the current year u for bankruptcy:	ntil 🔽	Wages, commissions bonuses, tips	s, \$5,76	9.00 [Wages, commissions, bonuses, tips	
				Operating a business	6	[Operating a business	
	r the last calend	·	V	Wages, commissions bonuses, tips	s, \$65,00	0.00	☐ Wages, commissions, bonuses, tips	
(Ja	anuary 1 to Dece	mber 31, <u>2015</u>) <u>YYYY</u>		Operating a business	5	[Operating a business	
	•	ear before that:	v	Wages, commissions bonuses, tips	s, \$62,88	0.00	Wages, commissions, bonuses, tips	
(Ja	anuary 1 to Dece	mber 31, 2014)	Г	Operating a business	6	Г	Operating a business	

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Debtor 1		June	N.	Smart	Case nu	mber (if known)	
		First Name	Middle Name	Last Name		, , ,	
5. Did you receive any other income durinclude income regardless of whether the unemployment; and other public benefit and gambling and lottery winnings. If yo Debtor 1. List each source and the gross income for the public benefit and gambling and lottery winnings.		s of whether that r public benefit pa winnings. If you a	income is taxable. Exam nyments; pensions; rental are in a joint case and yo	nples of other income are income; interest; dividen u have income that you re	alimony; child support; S ds; money collected from eceived together, list it or	lawsuits; royalties;	
	□ No				y. Do not include income		
				Debtor 1		Debtor 2	
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
		ary 1 of the curre ou filed for bankru	•	Annuity	\$1,958.00		
		t calendar year: to December 31, ু স	2015)	Annuity	\$11,628.00		
		endar year before to December 31,		Annuity	\$11,628.00		

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Deb	otor 1	June	N.		Smart		Case number (if kno	wn)
		First Name	IVIIQ	dle Name	Last Name			
P	art 3:	List Certai	in Paym	ents You Ma	de Before Y	ou Filed for Ba	nkruptcy	
6.	Are eith	er Debtor 1's o	or Debtor	2's debts prima	rily consumer	debts?		
	□ No.			•	•	ner debts. Consul		ed in 11 U.S.C. § 101(8) as
		During the 9	0 days bef	ore you filed for	bankruptcy, dic	I you pay any credit	or a total of \$6,425*	or more?
		☐ No. Go t	o line 7.					
		tota	al amount	you paid that cre	ditor. Do not in	clude payments for	nore in one or more domestic support o attorney for this ban	bligations, such as
		* Subject to	adjustmen	t on 4/01/19 and	every 3 years	after that for cases	filed on or after the	date of adjustment.
	√ Yes	. Debtor 1 or	Debtor 2	or both have pri	marily consur	ner debts.		
		During the 9	0 days bef	ore you filed for	bankruptcy, dic	I you pay any credit	or a total of \$600 or	more?
		☐ No. Go t	o line 7.					
		cre	ditor. Do r	not include paym	ents for domes		e and the total amou ons, such as child su case.	
					Dates of payment	Total amount paid	Amount you still owe	Was this payment for
Am	erican E	Express			2/12/2016	\$800.00	\$1,342.00	☐ Mortgage
	ditor's name				-			Car
	stomer S				=			
	nber Stre D. Box 9							Loan repayment
F-3.	J. DUX 9	01340			-			Suppliers or vendors
	Paso		TX	79998-1540	_			Other
City			State	ZIP Code				_
7.	Insiders corporat agent, ir such as	include your re tions of which you ncluding one for child support a	elatives; an ou are an o r a busines nd alimony	ny general partne officer, director, p ss you operate as y.	rs; relatives of person in contr	any general partner ol, or owner of 20%	rs; partnerships of w or more of their voti	e who was an insider? hich you are a general partner; ng securities; and any managing s for domestic support obligations
	☐ Yes	. List all payme	ents to an i	nsider.				

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Deb	_	une	N.	Smart	Case number (if known)
8.	Within 1 y benefited Include pa	an insider? ayments on debts g	Middle Name ed for bankruptcy, di juaranteed or cosigned nat benefited an inside	d by an insider.	transfer any property on account of a debt that
Pa	art 4:	Identify Legal	Actions, Reposse	essions, and Foreclosure	es
9.	List all su		ng personal injury case		court action, or administrative proceeding? s, collection suits, paternity actions, support or custody
	✓ No ☐ Yes.	Fill in the details.			
10.	seized, o	•		as any of your property repos	sessed, foreclosed, garnished, attached,
		Go to line 11. Fill in the information	on below.		
11.				did any creditor, including a b a payment because you owed	ank or financial institution, set off any a debt?
	✓ No ☐ Yes.	Fill in the details.			
12.	-			as any of your property in the an, or another official?	possession of an assignee for the benefit of
	✓ No ☐ Yes				
Pa	art 5:	List Certain Gi	ifts and Contribut	tions	
13.	Within 2 y	years before you f	iled for bankruptcy, o	lid you give any gifts with a to	tal value of more than \$600 per person?
	✓ No ☐ Yes.	Fill in the details fo	r each gift.		
14.	Within 2 y to any ch	•	iled for bankruptcy, o	lid you give any gifts or contri	butions with a total value of more than \$600
	✓ No ☐ Yes.	Fill in the details fo	or each gift or contribut	ion.	

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Debtor 1	June First Name	N. Middle Name	Smart Last Name	Case number (if I	known)	
Part 6:	List Certai	n Losses				
	n 1 year before y disaster, or gam		tcy or since you filed for b	ankruptcy, did you lose an	ything because of th	neft, fire,
✓ No	o es. Fill in the deta	ails.				
Part 7:	List Certai	n Payments or	Fransfers			
		•	ntcy, did you or anyone else kruptcy or preparing a ban		or transfer any pro	perty to
Includ	e any attorneys, b	ankruptcy petition p	reparers, or credit counseling	gagencies for services require	red for your bankrupt	су.
☐ No	o es. Fill in the deta	ails.				
Springbo Person Who	ard Non-profit Was Paid	Credit Counselin	Description and value of a \$110.00 for credit coun education courses		Date payment or transfer was made	Amount of payment
Number S	Street					-
					-	-
City		ate ZIP Code				
Email or web	site address					
Person Who	Made the Payment,	if Not You				
U S Bank Person Who	ruptcy Court Was Paid		Description and value of a Filing fee for Chapter 7		Date payment or transfer was made	Amount of payment
						\$335.00
Number S	Street					
City	St	ate ZIP Code				
Email or web	site address					
Person Who	Made the Payment,	if Not You				
	_		Description and value of a		Date payment or transfer was	Amount of
Bankrupt Person Who			\$35.00 for copies of tax IRS	transcripts from the	made	payment
Number S	Street					-
City		ate ZIP Code				
Email or web	sile address					

Person Who Made the Payment, if Not You

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Debto	r 1 June		N.	Smart	Case number (if k	known)	
	First Name	е	Middle Name	Last Name			
	arge Debt Sol Who Was Paid	utions		Description and value of any \$49.00 and \$790.00 to cr		Date payment or transfer was made	Amount of payment
						12/24/2015	
Numbe	r Street			-			
City		State	ZIP Code	-			
Email o	r website address			-			
Person	Who Made the Pa	ayment, if Not	t You	_			
	les Wm. Dobr	a, Esq.		Description and value of any Attorney's fees for Chapt		Date payment or transfer was made	Amount of payment
	E Irving Park F	Road		_		05/10/2016	\$1,895.00
Suite	100			_			
D			00470				
Rose City	ile	IL State	60172 ZIP Code	_			
				_			
Email o	r website address						
Person	Who Made the Pa	yment, if Not	t You	-			
а	nyone who pro	mised to I	nelp you deal v	ptcy, did you or anyone else a with your creditors or to make			perty to
	o not include ar	ny payment	t or transfer tha	t you listed on line 16.			
	☑ No ☑ Yes. Fill in tl	ne details.					
	•	•		uptcy, did you sell, trade, or o rse of your business or financ		perty to anyone, ot	her than
		-		s made as security (such as gra have already listed on this stater		or mortgage on your	property).
	☑ No ☑ Yes. Fill in tl	ne details.					
				rruptcy, did you transfer any p		rust or similar devic	e of which
[☑ No ☑ Yes. Fill in tl	ne details.					

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Debtor 1		June	N.	Smart	Case number (if known)
		First Name	Middle Name	Last Name	
Pa	art 8:	List Certain Fi	nancial Accounts	s, Instruments, Safe Depo	osit Boxes, and Storage Units
20.		l year before you file closed, sold, move		ere any financial accounts or i	instruments held in your name, or for your
			•	financial accounts; certificates of and other financial institutions.	of deposit; shares in banks, credit unions, brokerage
	✓ No ☐ Yes	. Fill in the details.			
21.		now have, or did yo urities, cash, or othe		before you filed for bankrupto	ey, any safe deposit box or other depository
	✓ No ☐ Yes	. Fill in the details.			
22.	Have yo	ou stored property in	n a storage unit or pl	ace other than your home with	nin 1 year before you filed for bankruptcy?
		. Fill in the details.			
Pa	art 9:	Identify Proper	rty You Hold or C	Control for Someone Else	•
23.	•	hold or control any in trust for someone		one else owns? Include any pr	operty you borrowed from, are storing for,
	✓ No ☐ Yes	. Fill in the details.			
Pa	art 10:	Give Details Al	bout Environmer	ntal Information	
For	the purp	ose of Part 10, the f	ollowing definitions	apply:	
ł	hazardou	s or toxic substance	e, wastes, or materia	_	erning pollution, contamination, releases of e water, groundwater, or other medium, vastes, or material.
		•		lefined under any environment uding disposal sites.	al law, whether you now own, operate, or
				nental law defines as a hazardo ninant, or similar item.	ous waste, hazardous substance, toxic
Rep	ort all no	otices, releases, and	d proceedings that yo	ou know about, regardless of v	vhen they occurred.
24.	Has any law?	y governmental unit	notified you that you	ı may be liable or potentially li	able under or in violation of an environmental
	✓ No ☐ Yes	. Fill in the details.			
25.	√ No	ou notified any gove . Fill in the details.	rnmental unit of any	release of hazardous material	?
	_				

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Deb	otor 1	June	N.	Smart	Case number (if known)					
26	Have v	First Name	u been a party in any judicial or administrative proceeding under any environmental law? Include settlements and							
20.	orders.		in any judiciar or adi	ministrative proceeding to	inder any environmental law: melade settlements and					
	☑ No									
	Yes	s. Fill in the deta ■	uls.							
P	art 11:	Give Detai	Is About Your Bu	siness or Connectio	ns to Any Business					
27.	Within 4		you filed for bankrupt	cy, did you own a busine	ss or have any of the following connections to any					
					er activity, either full-time or part-time					
		A member of a A partner in a p	• •	ny (LLC) or limited liability	partnersnip (LLP)					
		An officer, dire	ctor, or managing exec							
		An owner of at	least 5% of the voting	or equity securities of a co	rporation					
			ove applies. Go to Pa apply above and fill in	rt 12. the details below for each	business.					
28.					al statement to anyone about your business? Include					
	all finar	ncial institution	s, creditors, or other	parties.						
	□ No	=::::::::::::::::::::::::::::::::::::::								
	☐ Yes	s. Fill in the deta	uis below.							
Pa	art 12:	Sign Belov	v							
that pro	answer	s are true and of fraud in connection	correct. I understand	that making a false state	achments, and I declare under penalty of perjury ment, concealing property, or obtaining money or s up to \$250,000, or imprisonment for up to 20 years,					
-		N. Smart		X						
		Smart, Debtor 1		Signature of Deb	or 2					
L	Date	06/22/2016		Date						
Did	you atta	ch additional p	ages to Your Stateme	ent of Financial Affairs for	Individuals Filing for Bankruptcy (Official Form 107)?					
☑	No Yes									
Did	you pay	or agree to pay	someone who is no	t an attorney to help you	fill out bankruptcy forms?					
	No									
		me of person _			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).					

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Debtor 1 June N. Smart First Name Middle Name Last Name Debtor 2 (Spouse, if filling) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number	Fill in this information to identify your case:						
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS	Debtor 1						
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS		First Name	Middle Name	Last Name			
	· · · · · · · · · · · · · · · · · · ·						
			or the. MONTHERN D	IOTATOT OF ILLINOIS			

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1:

List Your Creditors Who Hold Secured Claims

. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the o	reditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?	
Creditor's name:	Ally	Surrender the property. Retain the property and redeem it.	□ No □ Yes	
Description of property securing debt	(VIN:4S4BP62C987301928) (Insur	Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:		
Creditor's name:	U S Bank Home Mortgage	Surrender the property. Retain the property and redeem it.	□ No □ Yes	
Description of property securing debt	Apple Drive,	Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:	ı	

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Debtor 1	June	N.	Smart	Case number (if known)
.	First Name	Middle Name	Last Name	
Part 2:	List Your U	Inexpired Person	al Property Leases	
fill in the i	nformation below	. Do not list real esta	te leases. Unexpired lea	Executory Contracts and Unexpired Leases (Official Form 106G), ases are leases that are still in effect; the lease period has not a trustee does not assume it. 11 U.S.C. § 365(p)(2).
Desc	ribe your unexpir	ed personal property	leases	Will this lease be assumed?
Lesso	or's name:	Sprint		□ No
Desci prope	•	Cellular phone		✓ Yes
Part 3:	Sign Belov	v		
		, I declare that I have s subject to an unexp	•	about any property of my estate that secures a debt and
X /s/ Jur	ne N. Smart		X	
June N	. Smart, Debtor 1		Signature of Deb	otor 2
-	06/22/2016 MM / DD / YYYY		Date MM / DD /	YYYY

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: June N. Smart CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor herek knowledge.	by verifies that the attached list of creditors is true and correct to the best of his/her
Date 6/22/2016	Signature /s/ June N. Smart June N. Smart
Date	Signature

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Ally
P. O. Box 380901
Bloomington, MN 55438

Sprint
P. O. Box 4191
Carol Stream, IL 60197-4191

American Express Customer Service P. O. Box 981535 El Paso, TX 79998-1535 U S Bank Home Mortgage P. O. Box 5760 Springfield, OH 45501-5760

AT& T Universal Card/Citi Customer Service P. O. Box 6500 Sioux Falls, SD 57117

Carson's
Comenity Bank
Bankruptcy Department
P. O. Box 182125
Columbus, OH 43218-2125

Citibank Choice P. O. Box 6500 Sioux Fallas, SD 57117

Great Lakes Hight Education Cor 2401 International Lane Madison, WI 53704

Kohl's
P. O. Box 3043
Milwaukee, WI 53201-3043

Old Navy Customer Relations 200 Old Navy Lane Grove City, OH 43123-8605

Sears Credit Cards P. O. Box 6282 Sioux Falls, SD 57117-6282